

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Regarding the Matter of

Case Number: PB _____

AFFIDAVIT OF PUBLICATION

(NAME)

1. Attached to this page is the original Affidavit of Publication from the Newspaper.

DATED: _____

Signature of Person Filing Document